
**DEPARTMENT
POLICY****Medicaid (MA) Only**

Under Age 19 (U-19/HKE) is a MAGI-related MA category.

U-19 Medicaid is available to children under the age of 19 whose household income does not exceed the Federal Poverty Level (FPL). There are different MAGI U-19 categories which are defined by the household income. The MAGI U-19 income limits for Low Income Families (LIF), Other Healthy Kids (OHK) and the Healthy Kids Expansion (HKE) are:

- MAGI U-19 LIF 0-54% of the FPL for children aged 0-19.
- MAGI U-19 OHK 54-143% of the FPL for children aged 0-19
- MAGI U-19 HKE 143-160% of the FPL for children aged 0-6
- MAGI U-19 HKE 109-160% of the FPL for children aged 6-19

All eligibility factors must be met in the calendar month being tested. However, only certain eligibility factors apply before annual renewal.

If the month being tested is a Long Term Care or Hospital (L/H) month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount.

**Presumptive
Eligibility**

Refer to BEM 136 for presumptive eligibility policy.

**NONFINANCIAL
ELIGIBILITY
FACTORS**

The child must be under age 19. The MA eligibility factors in the following items must be met.

- BEM 220, Residence.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 255, Child Support.
- BEM 257, Third Party Resource Liability.

**FINANCIAL
ELIGIBILITY
FACTORS****Household
Composition**

BEM 265, Institutional Status.
BEM 270, Pursuit of Benefits.

Household composition follows tax filing rules refer to BEM 211,
Medicaid Group Composition.

Assets

There is no asset test.

Divestment

Policy in BEM 405 applies because income can be divested.

Income Eligibility

Income eligibility exists when net income does not exceed 160% of
the federal poverty level.

Refer to BEM 500, Income Overview to determine net income.

**ONGOING
ELIGIBILITY**

Children under 19 (U-19) beneficiaries remain eligible for 12
months of continuous eligibility, unless the beneficiary:

- Reaches age 19.
- Moves out of state.
- Is ineligible due to Institutional Status; see BEM 265.
- Is eligible for Foster Care Department Ward (FCDW) coverage.
- Dies.

Note: If eligibility was granted based on incorrect or fraudulent
information, continuous eligibility may be interrupted.

Note: An ex parte review is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

LEGAL BASE

MA

Social Security Act, Section 1902(a)(10)(A)(i)(IV), Social Security Act XXI,

42 CFR 457.320(A)(2) and (3). 1902(a)(10)(A)(ii)(XIV)

42 CFR 435.229 and 435.4

1905(u)(2)(B)

The Affordable Care Act of 2010 is the collective term for the Patient Protection and Affordable Care Act (Publication L. 111-148) and the Health Care and Education Reconciliation Act (Publication L. 111-152).